U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

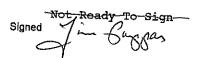
FORM LM-30 LABOR ORGANIZATION OF 10-30 QA i

Form approve Office of Manager and Budget No. 1215-018 Expires 11-30-2

Spawn List **EMPLOYEE REPORT**

under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as p Reset Font Renumber Pages READ THE INSTRUCTIONS CAREFOLLY BEFORE PHEPARING THIS REPORT. NO 1520E E Reset ReadOnly 1. File Number U-2. Fiscal Year Covered From: 1 /1 /04 Through: 12 /31 /04 3. Name and address of person filing. Name, file number, and address of labor organization. Name JIM PAPPAS Name COMMUNICATIONS WORKERS OF AMERICA LOCAL 2336 Labor Organization File Number 014559 P.O. Box, Bldg., Room No., if any P.O. Box, Building and Room Number, if any Street 5321 FIRST PL. N.E. Street 5321 FIRST PL.N.E. CHY WASHINGTON, D.C. 20011 CITY WASHING TON, D.C. State DIST. OF Columbia 2001 ZIP Code + 4 State ZIP Code + 4 5. Position in labor organization. Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. 6. Name and address of Employer (including trade name, if any). 7.a. Nature of Interest, Transaction, or Income. Name THE MCLAUGHLIN COMPANY 1) 3/24/04 - LUNCH 2 POINSETTA Trade Name, if any: P.O. Box, Bldg., Room No., if any 7.b. Amount. Street 1725 DE SALES ST. N.W. SUITE 700 WASH. DC. State 20036 ZIP Code + 4 Signature 15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information

submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)





8/10/05

	Name of Person Filing		File Number U-
	B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
	Name and address of Business (including trade name, if any). Name	9. Business deals with:	
	Trade Name, if any:	a. Labor Organizat	tion
	P.O. Box, Bldg., Room No., if any	b. Trust c. Employer	
	Street	C. Employer	
	City State ZIP Code + 4		
-			
	10. If 9.b. or 9.c. is checked give trust or employer's name. Name	11.a. Nature of such dealing.	
	Trade Name, if any:		
	P.O. Box, Bldg., Room No., if any		
	Street		
	City	11.b. Approximate dollar value of such dealing.	
		12.a. Nature of interest held or income received.	
	State ZIP Code + 4		
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		12.b. Amount.	
0	eceived from any employer (other than an employer covered under parts A and B above) im any labor relations consultant to an employer any payment of money or other thing of value.		
13	a. Name and address of Employer or Labor Relations Consultant (Including trade name, if any).	14.a. Nature of payment.	
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Т	rade Name, if any:		
P	O. Box, Bldg., Room No., if any		
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Ci	ty	Ĭ	
St	ate ZIP Code + 4		
	lonered transed	14.b. Amount of payment.	_